REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER. As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006) DR. MIR MD. RAIHAN MBBS, (DU), DFM RADICAL HOSPITAL LIMITED. 35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230. TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

RAHMAN Sex: MALE Serial No: MOLLAH MI SALFUR PP/CDC: C/0/10054 20 109 / 1997 Date of Birth: Type: BULK CARRIER Route: WORH WEDE Vessel: MY FW VENUS Home Address 16/2-A, Tolanbog 2 no gate Mohsla hostel Road DARUS SALAM, MIRPUR-1, DHAKA-1216

Company Name: FORTUNE WAVE SHIPPING LIMITED

Medical History	P	lease	answ	er th	e following to the best of your kno	wledge.	SATEWAY C		No.
Is there any past / present history of any of the following	Cand	lidate ration		niner		Candidat Declarati	ie	7/07%	niner ord
the following	Yes	No	Yes	No	March College	Yes	No	Yes	No
Severe one-sided headaches (Migraine)		-	1	-	Hernia / Hydrocoele / Appendicitis	- Paratrial	-	1000	
Head Injury / Concussion / Loss of Memmory				4	High / Low blood pressure / Heart disease				1
Fits / Epilepsy / Dizziness / Fainting		-	- 3	/	Asthama / Bronchitis / Tuberculosis	\$ 10	-	0 - 3	1
Eye / Vision Problems (Glasses, etc.)		-	-	-	Allergy / Skin disease				-
Hearing Impairment				_	Infection / Contagious Disease	. 1		E	-
Ear / Nose / Throat problems		1		-	Addication to alcohol / drugs / tobacco			100	_
Stomach / Bowel disorders		-			Fracture / Dislocation / Injury / Amputation			8	-
Gall stones / Kidney disorders			3		Major / Minor Operation		-	1.034	
Jaundice / Liver Disease					Diabetes				-
Piles / Varicose veins					Nervous / Mental disease / Sleep disorder				
Blood Disorder		1		-	Mallignant disease (Cancer)		1		
Female Disorder		/		_	Signed off on medical grounds / Declared Unfit		0		31
Notes		\$0 - 5 - 50						A	

Medical Examination seneral Conditio 167em 100 W 4/N Distant Vision Field of Vision Audiometry 2000 5000 | 6000 | 8000 Right Eye Abnormal 25 Left Eye Left Far Right Ear Colour Vision Other Left ea Abnormal Hearing Northa Abnormal Systemic Examination Notes Abnormal Normal Normal Abnormal Head & Neck Respiratory system ardiovascular system FIT FOR SEA SERVICE Per Abdomen Ears / Nose / Throat Teeth / Oral Cavity Musculo-Skeletal system AS Genito-urinary system AS PER MLC 2006 Nervous system Hemia / Hydrocoele Reflexes Varicose Veins Enhanced GARD Medicals done Fissure/Fistula/Piles

Investigations Blood	Result	Normal	Urine	
Hemoglobin	14.6 gm%	14-16 gm %	Colour	Sw
-Total WBC count	10.100 cu.mm	4000-11000 / cu.mm	Specific Gravity	
Neu 65 % Lyr	mp 90 % Eos 02 E	ia 00 % MO 02	% pH	1.0
Malarial parasite	Not Fo	2010	Albumin	NI
ESR	mm / 1st hour	1 15 mm / hr	Sugar	21
SGPT	2/ U/L	9-43 U / L	Bile pigment	
S.Cholesterol	W/Emg/dl	145260 mg / dll	Bile salts	
S.Triglycerides	W/Emg/dl	upto 200 mg /dl	Occult blood	
Blood Sugar	RBS S PPBS	upto 125 mg %	RBC cells	NI
HbsAg	Megasu	-	Leucocytes	100000
HIV I & II	manue	-	Others	
VDRL	wonkee	D-	Cnivamatuu	200
Others		GGTP U/L	Spirometry:	11/1)

Blood Group Drugs of

TMT: ECG: NONW X-Ray Chest:

Abuse: USG:

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests,

I,Dr. MIR MD Raihan , hereby declare the examinee medically

Dectors

LTD

days / weeks / months. Fit Permanently unfit Should be re-examined in Temporarily unfit

This certificate is valid till: 2 0 AUG 2025

certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorp

Candidate's Signature

Date: 2 1 AUG 2023

Recommendations



DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth SMDG A 55144, MMO DGD-010

signature:

This Certificate

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

04.2023.4627

MEDICAL EXAMINATION REPORT/CERTIFICATE

	NTIAL DOCUMENT	100
	IE MARSHALL ISLANDS	- 2020
SURNAME MOLLAH	GIVEN NAME(S) MD. GAIFUR RA	HMAN
MONTH 09 DAY 20 YEAR 1997	PLACE OF BIRTH * CITY CUMPLIA BANGLADESH COUNTRY	SEX ☐MALE ☐FEMALE
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	MAILING ADDRESS OF APPLICANT: 16/2-A, TOLARBAH, 2 no-GI MOHTLA HOSTEL ROBD, DA MTRPUR-1, DHAKA-121	ORUS SALAM,
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL EXAMINATION (SEE REVERSE SIDE SIDE SIDE SIDE SIDE SIDE SIDE SI	MEDICAL REQUIREMENTS) STATE DETAILS OF	N REVERSE SIDE
VISION: RIGHT EYE LEFT EYE WITH GLASSES COLOR TEST TYPE: BOOK LANTERN IS CO	HEARING: RT. EAR YES NO (IF "NO	0000
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRE	ed vision standard? Yes No	- 12
HEAD AND NECK	HEART (CARDIOVASCULAR)	y
LUNGS	SPEECH (DECK/NAVIGATIONAL OFF IS SPEECH UNIMPAIRED FOR NORMAL VOICE	
EXTREMITIES: UPPER ONW Is applicant vaccinated in accordance with WHO recommen		nom
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVA SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BO IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM	ATED BY WORKING ABOARD A VESSEL, OB TO RENDER HI ARD? YES NO NO OF ON PAGE 2	M/HER UNFIT FOR SERVICE AT
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEL		0.0.4110.0000
SIGNATURE OF APPLICANT	2 1 AUG 2023	2 O AUG 2025 EXPIRY DATE
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION	AMINING PHYSICIAN.	- if \$10,900
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DESCRIPTION OF THE FOR DUTY	N BOARD SHIP NAME OF APPLICANT (SUI	NEERING OFFICER /
NAME AND DEGREE OF PHYSICIAN DR. MIR MD RAI	HAN MBBS, DFM	The state of the s
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH N	MAKHDUM AVENUE SECTOR-12, UTTARA, DE	IAKA-1230
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	DG SHIPPING BANGLADESH	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE06 M/	AY 2014	0.00
SIGNATURE OF PHYSICIAN		2 1 AUG 2023
This certificate is issued by authority of the Martune Administrator and in Certification and Watchkeeping for Seafarers 1978. Rev. Mar/2022 DR. MIR. MD. RAIHA MBBS (DU), DFM, CCD (Birdem), PGT (Optional Control of Cont	as amended, and the Maritime Labour Conversion 2006, a	vention on Standards of Training, s amended. MI-105M

DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited

MI-105M

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Scafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Scafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer car at 5 feet (1.52 m).
- (b) Eyesight
 - Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.L.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel
 and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on
 immunizations. If new vaccinations are given, these should be recorded.
- (g) Diseases or Conditions
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, sentility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) Physical Requirements
 - Applicants for able scafarer, bosun, GP-1, ordinary scafarer and junior ordinary scafarer must meet the physical requirements for a deck/navigational officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or any organization of shipowners or scafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form (See RMI MG 7-17-1, §3.3).

2 1 AUG 2023



DR. MIR. MD. RAIHAN
MBBS (DU). DFM. CCD (Birdem), PGT (Ophtb)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician

Radical Hospitals Limited

- what

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC



SL NO._

04.2023.4627

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

Name: Last MOLLAH First MD. SAIFUR	DAUMAN
۸.	Middle RABMAN
Gender: (Male/Female)	Date: 2 1 AUG 2023
Occupation: Deck/Engine/Catering/Other (specify) 4th Eng Fourth	POA Rank: 4th fraineer
ather's/ Husbad'sname: MD. MOHASIN MOLLAH	CDCNO C/0/10054
Mother's Name: KHALEDA BEGUM	
Address: House No: Street/ Road No:	
Locality/Village: GUNTUHAR	NID No. 3752270128
P.O. GIVNIGHAR	Date of Birth: 20-09-1997
PS DEGID WAR	
District: CUMILLA	(DD/MM/YYYY)
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
am duly authorized by the Department of Shipping, Government of th	e People's Republic of Bangladesh and co
he followings:	of examination :YES/NO
 Confirmation that identification documents were checked at the point Hearing meets the standards in section A-I/9 	examination :YES/NO
Unaided hearing satisfactory?	:YESANO
Visual acuity meets standards in section A-I/9?	:YES/NO
Colour vision meets standards in section A-I/9?	:YES/NO
Date of last colour vision test	2.1. AUG. 2023
6. Fit for lookout duties?	:YES/NO
7. Is the seafarer free from any medical condition likely to be aggravated	
render the seafarer unfit for service or to render the health of any other	
8. Any limitations or restrictions on fitness?	:YES/NO
If YES, specify limitations or restrictions:	
Duties: Location/Vessel: Medical/Other: RADICAL HOSPITAL LIMITED Uttara. Dhaka. Bangladesh	
9. Medical fitness category : Fit-No restriction Fit-Subj	ject to restrictions Unfit
10. Date of examination/Issue (DD/MM/YYYY). 2 1 AUS 2023	
11. Date of expiry (DD/MM/YYYY)	1 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

^

Seafarer's Signature



DR. MIR. MD. RAIHAN
MBBS (DU), DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radscal Hospitals Limited

Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997). Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug -related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

 All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whis pered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in
 one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without
 glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to
 perceive the colors red, yellow and green.

(c) Dental:

Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure:

• An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal
voice communication.

(f) Vaccinations:

 All applicants shall be vaccinated according to the requirements indicated in the WHO publication, Interna-tional Travel and Health, Vaccination Requirements. and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

 Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the fight of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS q. URINE R/M/E

DR. MIR. MD. RAIHAN
MBSS (DU), DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited





D.Date: 21-Aug-2023

Gender: Male

radical_hospitals@yahoo.com, www.radicalhospital.com

Id No : 230801011

Patient's Name: MD SAIFUR RAHMAN MOLLAH

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/10054

Haematology Report

r & checked manually)

Date: 21-Aug-2023

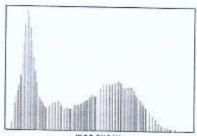
Age: 25Y 11M 1D

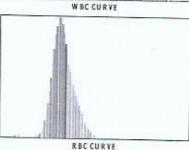
Parameter Name	Results	thic-One Auto Haematology Analyzer Reference Range
Hemoglobin (Hb)	14.6 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	10,100 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year):
Differential WBC Count (DC)		6,000-18,000/cumm
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	30 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	202 /cumm	50-450/cumm
Total RBC Count	4.88 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.3 %	M: 40-54%, F:37-47%
MCV	78.5 fL	76 - 94 fl
MCH	29.9 pg	27 - 32 pg
MCHC	38.1 g/dL	29 - 34 g/dL
RDW	12.9 %	11 - 16 %
PDW	16.0 fL	35 - 56 fl
Total Platelete Count (PC)	2,70,000 /cumm	150,000-450,000/cumm
AbA	9.5 fL	7.0 - 11.0 fL
OCT	32 14 15 16 15 A CONT.	**** **** TE

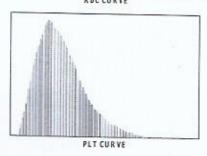
0.257 %

%

%







Checked By Medical Technologist

PCT

Bledding Time(BT)

Cloting Time(CT)

Dr. Sumaiya Khatun MBBS,MD(Gold Medalist) (BSMMU) Associate Professor Dept. Of Microbiology East West Medical College & Hospital.

0.1 - 0.%

10 - 18 %

0.1-0.2 %



Bill No	DIA23081011	Received	Date 21	/08/2023
Patient's Name	MD SAIFUR RAHMAN MOLLAH		Date 21	100/2023
Patient's Age	25Y 11M 1D		atient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BI		CDC	
Sample	BLOOD	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	0001	10 (70/10034

BIOCHEMISTRY REPORT

Test Name

Result

Reference Range

Liver Function Test

Random Blood Sugar (RBS)

5.5 mmol/l

 $4.2 - 6.4 \, \text{mmol/l}$

Serum ALT (SGPT)

21 U/L

Up to 40 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologis Radical Hospitals Ltd. 2

Dr. Sumaiya Khatun M BBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Bill No	DIA23081011		
Patient's Name		Received Date	21/08/2023
r atient's Name	MD SAIFUR RAHMAN MOLLAI	Н	
Patient's Age	25V 44M 4D		
, allone a rige	25Y 11M 1D	Patient's Sex	Male
Ref. by	Dr Mir Md Raiban MRRS (DLI)		
0 .	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/10054
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name

Result

HBsAg (Method: (ICT)

Negative

RADICAL

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Bill No	DIA23081011	Received Date	21/08/2023
Patient's Name	MD SAIFUR RAHMAN MOLLA		21/06/2023
Patient's Age	25Y 11M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU).	CCD(BIRDEM),PGT(Eve).DFM	CDC NO:C/O/10054
Sample	URINE	, , , - , - , - , - , - ,	020110.0/0/10004

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Test Name

Bill No	DIA23081011	Received Date	21/08/2023
Patient's Name	MD SAIFUR RAHMAN MOLL		21/00/2023
Patient's Age	25Y 11M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),0	FIF SOME SOME SOME SOME SOME SOME SOME SOME	CDC NO:C/O/10054
Sample	URINE	. (-)-/,	000110.0/0/10004

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

48

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital

d___

Result



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23081011

Receive: Print: 21/08/2023

Patient's Name

MD SAIFUR RAHMAN MOLLAH

Age

26 YRS

Sex

: M

Refd. by

Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate

76 b/min

Rhythm

Regular

P-Wave

Normal

P-R Interval

Normal

QRS Complex

Normal

ST. Segment

Is electric

T. Wave

Normal

Impression

Findings are within normal limit.

Dr. Debashish Paul

MBBS, MD (Cardiology)

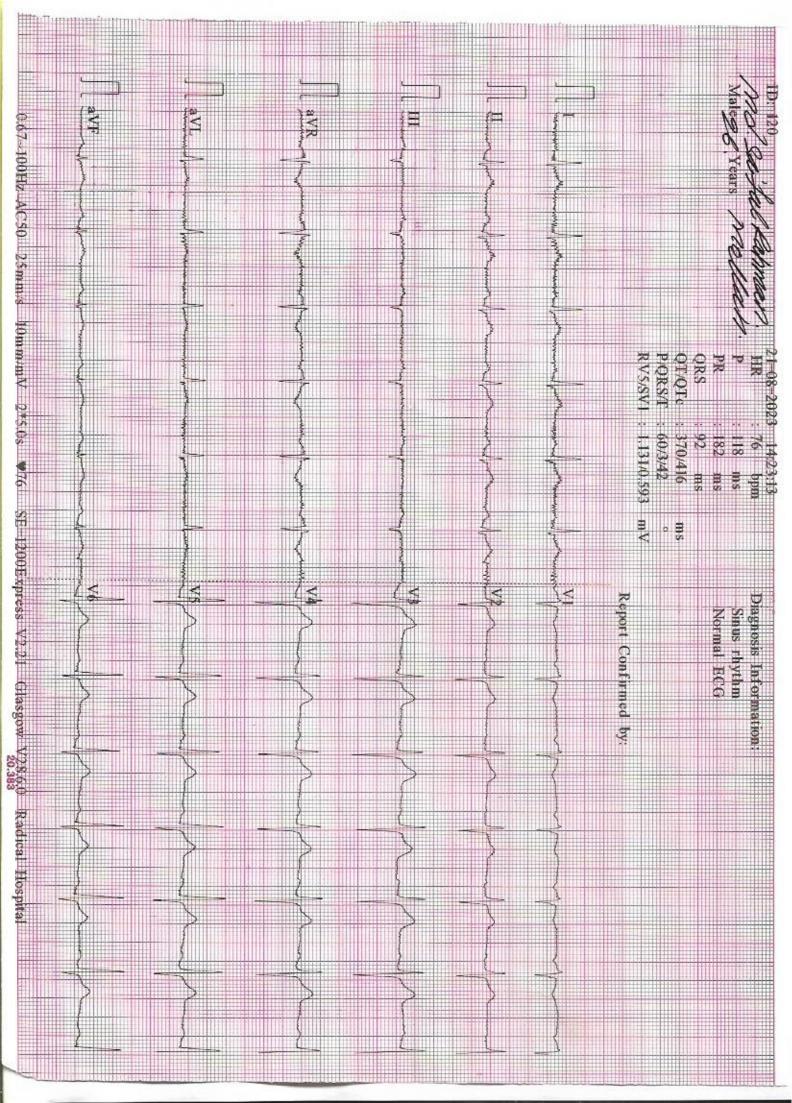
Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1



RADICAL HOSPITAL

radical hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23081011 Receive:21/08/2023 Print: 21/08/2023

Patient's Name : MD SAIFUR RAHMAN MOLLAH

Age : 26 Yrs Sex : M

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.

C-P angles are clear.

Heart : Normal in T.D.

Lung ields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

MBBS. DMRD (Radiology & Imaging) Head of the Department (Radiology & Imaging) Sylhet Women's Medical COllege Hospital

This report has been electronically signed.

Page of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

MD. SAIFUR RAHMAN MOLLAH

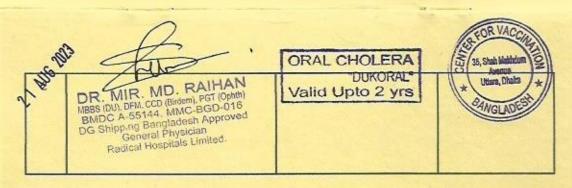
Reg. No. BMDC, Dhaka A-68208

Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.

	certify that gigne (e) certifie que	date of brith 200 no (e) le	09-97-sex M	
dont la s has on t	signature follows signature suit } Colford American September 1			
Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateure	Approved Stamp Cechet d'authentification		
18 M	N 2021 Solorina DR. SABRINA MOSTAFA MBBS (0.1)	RAL CHOLERA	AGRABAD CIA CO	

"DUKORAL"

Valid Upto 2 Yrs



The validity of this certificate shall extend for a period of Two Years, beginning six days after the first injection of vaccine or in the event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pligrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a from prescribed by the health administration of the territory in which the vaccination is perforned.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d'intervalle et sa validire commence le jour de la seconde injection.

De cachet d'authentification doit être canforme au modele present perl'administration sanitaite du territoire ou la vaccination est effecture.

Toute correction ou rature sur le certificate ou 1 o. mission d'une quelconque des mentions qu'il comporte pe u.t cffecter sa va; idite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER

CERTIFICAT INTERNATIONU AX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that	date of brith 120.0	9.1997 Sex } M
JE soussigne' (e) certifie que	no' (e) le	sexe J
Whose signature follows } Sailor dont la signature suit		
has on the Date indicated been vaccinated	or revaccinated against vellow fever	

has on the Date indicated been vaccinated or revaccinated against yellow fever a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nunne' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination	
BIN	DR. SABRINA MOSTAFA M8BS (0.0) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by D. Shipping, Dhaka.	w Depathney and de grand As Per Mt.C-2006		AGRABAD CAN STANGLADE STANGLADE STANGLADE STANGLADE
2	Fig.			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination or , in the event of a revaccination within such period of ten years, from the date of that revaccinatio.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

Any amendment of this certificate, or crasure, or failure to complete any part of it, may render it invalid.

Ce certificate n' est valable que si le vaccin employe' a e' te" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination ae' tc'habilite part' adminstration sanitaire du territoire dans loquol' ce centre est siture'

La validite' de ce certificat couvre une pe' riodc de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riodc de dix ans, le jour de cette revaccination.

Ce certificate do it etre signe' par un me' decin de sa propre main, son cachet official ne pouvant etre conside' re' comme lenant lieu de signature.

Toute correction ou rature sur le certificate ou 1 'omission d'une quelconque des mentions qu'il conporte peut affecter sa validite.